Correspondences

Comments on the original article by Christine Albert et al.: “Septic knee arthritis after intra-articular hyaluronate injection. Two case reports”


In the article the authors reported two cases of septic arthritis following intra-articular injection for viscosupplementation. This seems to be a complication arising from break in maintenance of sterility chain that can occur with any type of intra-articular injection. But in case 1 the joint aspirate culture is stated to have grown oxacillin resistant Staphylococcus aureus. However the patient was treated with oxacillin (1 g tid). And after 20 days of no response to treatment rifampin (600 mg/day) was added.

We question the treatment patient with oxacillin alone for 20 days when a spectrum of drugs is available for management of oxacillin resistant bacteria, including vancomycin [2] and teicoplanin. Linezolid, quinupristin/dalfopristin, daptomycin, tigecycline being more recent additions to the therapeutic arsenal, generally reserved for severe infections which do not respond to glycopeptides. Less severe infections may be treated by oral agents including: linezolid, rifampicin + fusidic acid, pristinamycin, co-trimoxazole (trimethoprim + sulfamethoxazole), doxycycline, and clindamycin [3]. The β-lactam antibiotics given in combination with lysostaphin are synergistic against many strains of oxacillin resistant Staphylococcus epidermidis [4].

If no other drug was available it could add gentamicin to it, as the gentamicin plus cephalothin or oxacillin is as bactericidal as vancomycin for oxacillin resistant strains of S. aureus in vitro [5].

The case report intends to highlight the mismanagement of septic arthritis arising as a complication of intra-articular injection rather than anything specific to hyaluronate injection.

References


Reply to the letter by Dilbans Singh Pandher on the original article: “Septic knee arthritis after intra-articular hyaluronate injection. Two case reports”

We agree of course on the initial mismanagement in case 1, before the patient was admitted in our department (in particular using oxacillin alone for treating oxacillin resistant Staphylococcus aureus), but discussing this obvious point was not the main objective of our paper. Actually, we intended first to highlight that, although visco-supplementation has been proved globally safe, it is important in medical practice not to underestimate the risk of sepsis following any intra-articular injec-